

# LIFELINE TELEPHONE DISCOUNT PROGRAM

(Qwest Customers Only)



The LIFELINE Telephone Discount Program established by the Federal Communications Commission and adopted by the Arizona Corporation Commission offers a **\$7.75** monthly discount on your telephone bill.

The Arizona Department of Economic Security, Community Services Administration (DES CSA) will administer the LIFELINE and LINK-UP programs for Qwest customers only. Eligible applicants must be a benefit recipient of AHCCCS, Food Stamps, Supplemental Security Income, Federal Public Housing or have received a Low Income Home Energy Assistance benefit within the last year.

If you apply and are determined eligible by CSA, your name will be provided to Qwest Communications who will apply the discount amount to your phone bill.

If your household does not currently have a phone and you are eligible for LIFELINE, you may be eligible for the LINK-UP program, which offers a discount on the installation fee.

If you have questions regarding the completion of the application, please call CSA at (602) 542-6600 or 1-800-582-5706.

If you have a change of address or phone number, you must notify Community Services Administration at 1-800-582-5706.

If you wish to inquire about other social service programs, contact your Information and Referral Office.

Phoenix: (602) 263-8856  
Central/Northern Arizona: 1-800-352-3792  
Tucson: (520) 881-1794  
Southern Arizona: 1-800-362-3474

PLEASE ALLOW 30-45 DAYS FOR PROCESSING.

## LIFELINE TELEPHONE DISCOUNT PROGRAM QWEST COMMUNICATIONS CUSTOMERS ONLY

If you currently receive a discount from the Senior Telephone Discount Program (STDP) or the Telephone Assistance Program (TAP), you are not eligible to apply for LIFELINE.

Does your household currently have phone service? No ☐ Yes ☐

Check the program that the household is currently participating in and receiving or has received benefit(s) from:

1. AHCCCS (Medicaid) No ☐ Yes ☐ Case No. \_\_\_\_\_
2. Food stamps Program No ☐ Yes ☐ Case No. \_\_\_\_\_
3. Supplemental Security Income (SSI) No ☐ Yes ☐ Case No. \_\_\_\_\_
4. Federal Public Housing No ☐ Yes ☐ Case No. \_\_\_\_\_
5. Has your household applied for and received a Low Income Home Energy Assistance Program (LIHEAP) benefit for utility assistance within the last year? (LIHEAP is not a monthly discount Program.)  
(Verified by CSA) No ☐ Yes ☐

**(PLEASE PRINT LEGIBLY IN BLACK OR BLUE INK)**

**Any incomplete information will delay your application**

APPLICANT'S NAME (Last, First, M.I.) <b>MUST BE THE SAME NAME AS ON TELEPHONE BILL</b>		
APPLICANT'S SOC. SEC. NO.	APPLICANT'S BIRTHDATE (MM/DD/YYYY)	HOME TELEPHONE NO. FOR DISCOUNT
APPLICANT'S MAILING ADDRESS (No., Street/P.O. Box, City, State, ZIP) <b>MUST BE SAME ADDRESS AS ON TELEPHONE BILL</b>		
RESIDENTIAL ADDRESS (If different from mailing address) <b>WHERE SERVICE IS ESTABLISHED</b>		

I certify under penalty of perjury that I receive benefits from one of the programs checked above and I agree to notify Community Services Administration when I am no longer participating or receiving such benefits. I also authorize the Department of Economic Security and/or delegate agencies to contact any sources necessary to establish the accuracy of information given by me. If found eligible by Community Services Administration, permission is granted to release my name, social security number, address and telephone number to the telephone company for the purpose of receiving a discount on my telephone bill.

Applicant's Signature (Must be same name as on telephone bill) \_\_\_\_\_

Date \_\_\_\_\_

Equal Opportunity Employer/Program

Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. Please contact (602) 542-6600.

**DES** Arizona Department of Economic Security  
Quality Service, Organizational Pride,  
Client Self-Sufficiency

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Community Services Administration

CSA-1004APAMNA (04-03) / FAA PST (07-03)

MAIL THIS APPLICATION TO:

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
LIFELINE TELEPHONE DISCOUNT PROGRAM - 086Z  
PO BOX 6123  
PHOENIX AZ 85005-6123